

convincing clinical laboratories to screen for E. coli O157:H7 in stools from persons with bloody diarrhea; conducting population-based surveillance for HUS and determining which serotype of Shiga toxin-producing E. coli was responsible for illness; identifying other vehicles of transmission; and developing an international network for subtyping and communicating about outbreaks.

For additional information, please contact your healthcare provider, health department, or health district:

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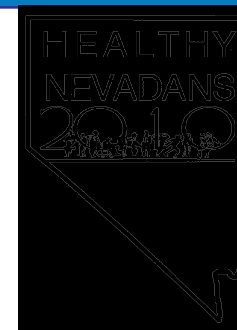
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E. coli O157:H7

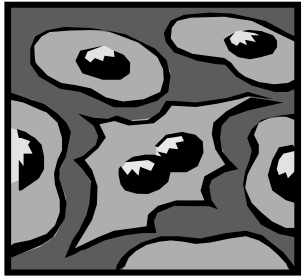


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What is E. coli? *Escherichia coli* (E. coli) O157:H7 is an emerging cause of foodborne illness. An estimated 73,000 cases of infection and 61 deaths occur in the United States each year. Infection often leads to bloody diarrhea, and occasionally to kidney failure. Most illness has

been associated with eating undercooked, contaminated ground beef. Person-to-person contact in families and child care centers is also an important mode of transmission. Infection can also occur after drinking raw milk and after swimming in or drinking sewage-contaminated water. E. coli O157:H7 is one of hundreds of strains of the bacterium *Escherichia coli*. Although most strains are harmless and live in the intestines of healthy humans and animals, this strain produces a powerful toxin and can cause severe illness. E. coli O157:H7 was first recognized as a cause of illness in 1982 during an outbreak of severe bloody diarrhea; the outbreak was traced to contaminated hamburgers. Since then, most infections have come from eating undercooked ground beef. The combination of letters and numbers in the name of the bacterium refers to the specific markers found on its surface and distinguishes it from other types of E. coli.

How is E. coli spread? The organism can be found on a small number of cattle farms and can live in the intestines of healthy cattle. Meat can become contaminated during slaughter, and organisms can be thoroughly mixed into beef when it is ground. Bacteria present on the cow's udders or on equipment may get into raw milk. Eating meat, especially ground beef, that has not been cooked sufficiently to kill E. coli O157:H7 can cause infection. Contaminated meat looks and smells normal. Although the number of organisms required to cause disease is not known, it is suspected to be very small. Among other known sources of infection are consumption of sprouts, lettuce, salami, unpasteurized milk and juice, and swimming in or drinking sewage-contaminated water. Bacteria in diarrheal stools of infected persons can be passed from one person to another if hygiene or handwashing habits are inadequate. This is particularly

likely among toddlers who are not toilet trained. Family members and playmates of these children are at high risk of becoming infected. Young children typically shed the organism in their feces for a week or two after their illness resolves. Older children rarely carry the organism without symptoms.

SYMPTOMS: E. coli O157:H7 infection often causes severe bloody diarrhea and abdominal cramps; sometimes the infection causes nonbloody diarrhea or no symptoms. Usually little or no fever is present, and the illness resolves in 5 to 10 days. **Risk Groups:** All persons. Children less than five years old and the elderly are more likely to develop serious complications. The infection can also cause a complication called **hemolytic uremic syndrome**, in which the red blood cells are destroyed and the kidneys fail. About two to seven percent of infections lead to this complication. In the United States, hemolytic uremic syndrome is the principal cause of acute kidney failure in children, and most cases of hemolytic uremic syndrome are caused by E. coli O157:H7.

DIAGNOSIS: Infection with E. coli O157:H7 is diagnosed by detecting the bacterium in the stool. Most laboratories that culture stool do not test for E. coli O157:H7, so it is important to request that the stool specimen be tested on sorbitol-MacConkey (SMAC) agar for this organism. All persons who suddenly have diarrhea with blood should get their stool tested for E. coli O157:H7.

How is the illness treated? Most persons recover without antibiotics or other specific treatment in 5-10 days. There is no evidence that antibiotics improve the course of disease, and it is thought that treatment with some antibiotics may precipitate kidney complications. Antidiarrheal agents, such as loperamide (Imodium), should also be avoided. Hemolytic uremic syndrome is a life-threatening condition usually treated in an intensive care unit. Blood transfusions and kidney dialysis are often required. With intensive care, the death rate for hemolytic uremic syndrome is three to five percent.

Prevention/Risk Reduction? Cook all ground beef and hamburger thoroughly. Because ground beef can turn brown before disease-causing bacteria are killed, use a digital instant-read meat thermometer to ensure thorough cooking. Ground beef should be cooked until a

thermometer inserted into several parts of the patty, including the thickest part, reads at least 160° F. Persons who cook ground beef without using a thermometer can decrease their risk of illness by not eating ground beef patties that are still pink in the middle. If you are served an undercooked hamburger or other ground beef product in a restaurant, send it back for further cooking. You may want to ask for a new bun and a clean plate, too. Avoid spreading harmful bacteria in your kitchen. Keep raw meat separate from ready-to-eat foods. Wash hands, counters, and utensils with hot soapy water after they touch raw meat. Never place cooked hamburgers or ground beef on the unwashed plate that held raw patties. Wash meat thermometers in between tests of patties that require further cooking. Drink only pasteurized milk, juice, or cider. Commercial juice with an extended shelf-life that is sold at room temperature (e.g. juice in cardboard boxes, vacuum sealed juice in glass containers) has been pasteurized, although this is generally not indicated on the label. Juice concentrates are also heated sufficiently to kill pathogens. Wash fruits and vegetables thoroughly, especially those that will not be cooked. Children under five years of age, immunocompromised persons, and the elderly should avoid eating alfalfa sprouts until their safety can be assured. Methods to decontaminate alfalfa seeds and sprouts are being investigated. Drink municipal water that has been treated with chlorine or other effective disinfectants. Avoid swallowing lake or pool water while swimming. Make sure that persons with diarrhea, especially children, wash their hands carefully with soap after bowel movements to reduce the risk of spreading infection, and that persons wash hands after changing soiled diapers. Anyone with a diarrheal illness should avoid swimming in public pools or lakes, sharing baths with others, and preparing food for others. For more information about reducing your risk of foodborne illness, visit the US Department of Agriculture's Food Safety and Inspection Service website at: <http://www.fsis.usda.gov>

Challenges/Opportunities: Developing farm and slaughterhouse-based methods to decrease contamination of meat; encouraging use of irradiation to increase the safety of ground beef; identifying ways to prevent contamination of foods eaten raw (e.g., produce); educating the U.S. public to cook ground beef thoroughly, preferably using a digital instant-read thermometer;

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